AMS Solutions
A SUPERIOR MEDICAL BILLING SERVICE

PRACTICE RESCUE
GUIDE

MY MEDICAL BILLER JUST QUIT.

WHAT DO I DO?

A practical revenue-continuity guide for medical practices

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48-HOUR
REVENUE PLAN

Your medical biller just quit. Maybe they gave two weeks' notice. Maybe they gave two hours. Maybe they simply stopped showing up, and now someone in the office is staring at the billing system wondering what half the workqueues mean.

Your first job is not replacing the person. Your first job is keeping the revenue cycle under control.

A billing vacancy can become a cash-flow problem surprisingly quickly. Patients are still being seen, claims still need to go out, denials keep aging, payments keep arriving and payer deadlines do not care that your staffing plan just exploded.

THE ORDER OF OPERATIONS	STABILIZE FIRST. REBUILD SECOND.

1	**Secure access** Make sure the practice controls the EHR/PM system, clearinghouse, payer portals, payment access and billing files.
2	**Freeze a revenue-cycle snapshot** Pull A/R, claims, rejection, denial and collections reports before workflows change.
3	**Keep claims moving** Find unbilled encounters, held claims and rejections so new revenue does not stop.
4	**Protect money already in flight** Identify old A/R, appeals, filing deadlines and high-dollar balances that need immediate attention.

DO NOT PANIC-HIRE	Before you replace the person, understand what the person was actually doing. You may have a simple staffing vacancy, or you may be uncovering a backlog, process problem, performance problem or visibility problem.

The First 4 Hours

1. SECURE PRACTICE-OWNED ACCESS — CONTROL THE KEYS

Before anything else, confirm that the practice can access the systems the billing operation depends on. Do not let one employee's login become the practice's single point of failure.

- EHR and practice-management system
- Clearinghouse
- Major payer portals
- ERA and EFT information
- Medicare and Medicaid portals
- Practice email accounts
- Patient-payment systems
- Billing vendor platforms
- Shared drives, trackers and billing files

ACCESS RULE

Do not solve an access problem by casually sharing the departing employee's credentials. Restore appropriate practice-controlled access, create or update authorized users, and remove departing-user access when appropriate.

2. PULL A SNAPSHOT OF THE REVENUE CYCLE — SAVE THE BEFORE PICTURE

REPORT	WHY YOU NEED IT
A/R aging by payer	Shows what is unpaid and how old it is
Claims / charge submission	Shows what has actually been billed
Held or unbilled claims	Finds encounters that have not reached the payer
Rejection report	Finds claims that failed before adjudication
Denial report	Shows open payer denials and their age
Collections - last 3 months	Creates a cash-flow baseline
Unapplied payments / credits	Finds money that still needs reconciliation

Save these reports somewhere controlled by the practice. This becomes your starting point for measuring what happens during the transition.

Keep Revenue Moving

ARE NEW SERVICES STILL TURNING INTO CLAIMS?

THIS IS THE DAY-ONE QUESTION

If the practice continues seeing patients while nobody is submitting claims, the revenue interruption has already started. Determine exactly where today's work is sitting.

- When was the last claim batch submitted?
- Are encounters waiting for documentation or coding?
- Are claims sitting in edit, hold or review queues?
- Are clearinghouse rejections being monitored?
- Is anyone reviewing payer responses and requests for information?

PRIORITY

If you find several days of unsubmitted claims, restore the submission workflow now. Do not wait for a permanent hire to keep cash flow alive.

FIND THE MONEY THAT IS ALREADY STUCK

AGE + DOLLARS + DEADLINES

New claims are only half the problem. Existing receivables may already be somewhere in the revenue cycle waiting for action.

- Claims approaching timely-filing deadlines
- Denials awaiting appeal
- Requests for medical records or additional documentation
- Authorization-related denials
- Credentialing or payer-enrollment holds
- Large unpaid balances
- Workers' compensation or liability claims requiring manual follow-up
- Unposted payments
- Claims sitting in clearinghouse rejection

TRIAGE RULE

Prioritize by age, dollar amount and deadline. A $25 claim from last week usually does not deserve the same attention as a $7,500 claim approaching an appeal deadline.

Assign Temporary Ownership

One of the biggest risks after a billing employee leaves is that everybody assumes someone else is handling things. Temporary ownership is better than invisible ownership.

TEMPORARY OWNER	QUESTION TO ANSWER
Charge entry / claim creation	Who makes sure completed encounters become claims?
Claim submission	Who sends claims and monitors transmission?
Rejections	Who fixes claims that failed before adjudication?
Denials	Who reviews payer denials and determines the next action?
Payment posting	Who posts ERAs, EOBs and other payments?
A/R follow-up	Who follows outstanding claims?
Patient billing	Who manages statements and patient balances?
Payer correspondence	Who sees letters, requests and portal messages?
Reporting	Who is watching collections and A/R during the transition?

THE RULE	It is fine if these assignments are temporary. It is not fine if nobody owns them.

Use the Handoff Window

ASK THE DEPARTING BILLER THESE QUESTIONS

CAPTURE THE KNOWLEDGE

If you still have access to the employee before they leave, use it. The goal is not to make their final week miserable. It is to preserve institutional knowledge that may exist only in their head.

1. **1. What do you do every day?**
   You may uncover tasks nobody else realized existed.
2. **2. What do you do weekly and monthly?**
   Think reconciliations, statement cycles, reporting and payer-specific work.
3. **3. What claims are currently giving you trouble?**
   This can save hours of detective work.
4. **4. Which payers are currently causing problems?**
   They may already know where the land mines are.
5. **5. Are appeals or filing deadlines approaching?**
   Write the dates down immediately.
6. **6. Are you tracking anything manually?**
   Do not assume everything lives in the PM system.
7. **7. What portals, spreadsheets or trackers do you use?**
   Get the list and confirm practice access.
8. **8. What are you worried nobody will know to do after you leave?**
   This may be the most useful question of all.

The First 48 Hours

FIGURE OUT WHAT KIND OF PROBLEM YOU HAVE

THE RESIGNATION MAY HAVE REVEALED IT

STAFFING PROBLEM	The billing operation is fundamentally healthy and simply needs someone qualified to take over.
BACKLOG PROBLEM	The previous biller was overwhelmed and work has accumulated.
PROCESS PROBLEM	Claims are going out, but denials, A/R or front-end errors are creating inefficiency.
PERFORMANCE PROBLEM	Collections, denials or aging suggest the revenue cycle was already struggling.
VISIBILITY PROBLEM	Leadership does not actually know how well billing was performing.

REVIEW YOUR A/R BEFORE YOU HIRE ANYONE

KNOW WHAT YOU ARE INHERITING

A healthy-looking bank balance does not prove the billing operation was healthy. Review the receivables before choosing the replacement model.

- Large balances over 90 days
- Claims that were never followed up
- Repeated preventable denials
- Claims written off without adequate review
- Unsubmitted charges or large rejection queues
- Payer enrollment problems
- Payment-posting delays
- No meaningful reporting
- Processes that existed almost entirely inside one person's head

If the operation is healthy, replacing the employee may be straightforward. If you uncover significant A/R or workflow problems, simply hiring another biller may recreate the same environment.

Hire, Outsource or Hybrid?

There is no universal answer. Both in-house and outsourced models can work extremely well. The decision should reflect the practice you actually have, not the panic of the moment.

HIRE IN-HOUSE MAY FIT WHEN	OUTSOURCING MAY FIT WHEN
• Direct day-to-day control	• Need immediate billing coverage
• Existing leadership can manage billing performance	• Do not want to recruit/manage billing staff
• Enough volume to justify dedicated staff	• Want built-in team coverage
• Backup coverage can be maintained	• Existing A/R needs cleanup
• Processes and reporting are already strong	• Need stronger denial management or reporting

HYBRID IS ALSO AN OPTION

Some practices keep front-office or charge-entry work internal while using outside support for billing, A/R, denials or specialized follow-up.

COMPARE THE TRUE OPERATING COST

NOT JUST SALARY VS. A PERCENTAGE

- Salary, payroll taxes and benefits
- PTO, recruiting, training and turnover
- Management time and backup coverage
- Billing software, clearinghouse and equipment
- Continuing education, coding support and denial-management capacity

The goal is not to prove one model is cheaper. The goal is to compare the entire operating model honestly.

Questions Before You Replace the Function

IF YOU HIRE ANOTHER BILLER	ASK HOW THEY ACTUALLY WORK
How do you prioritize A/R?	Listen for more than "oldest claims first."
How do you manage denials?	Look for root-cause thinking, not only resubmission.
How do you monitor rejected claims?	They should understand rejection vs. denial workflows.
How do you measure your own performance?	A strong candidate should care about measurable results.
What should leadership review monthly?	The answer reveals how they think about RCM oversight.

IF YOU CONSIDER A BILLING COMPANY — MAKE THE TRANSITION VISIBLE

- Who handles the existing A/R?
- How do you transition claims already in process?
- How do you prevent a gap in claim submission?
- What reports will we receive, and can we see samples?
- Who is our day-to-day contact?
- How are denials and old A/R managed?
- What access do you need, and what happens if we eventually leave?

Five Things Not to Do

1 **Do not wait several weeks before looking at billing**
Revenue keeps aging while you recruit. Know what is happening now.

2 **Do not assume everything was fine because money was coming in**
Collections can continue for weeks from claims submitted earlier while a new backlog quietly grows.

3 **Do not give everyone the former employee's login**
Restore appropriate access through proper user accounts and administrative controls.

4 **Do not ignore old A/R while focusing only on new claims**
You need to protect today's revenue and money already owed to the practice.

5 **Do not make a permanent decision from panic**
You need immediate continuity. You do not necessarily need an immediate permanent solution. Stabilize first, evaluate second, then decide.

RED FLAGS THAT REQUIRE IMMEDIATE ATTENTION

THE RESIGNATION MAY HAVE EXPOSED SOMETHING BIGGER

- ☐ Claims have not been submitted for several days
- ☐ Nobody can access the clearinghouse or major payer portals
- ☐ You cannot produce an A/R aging report
- ☐ Large volumes of claims are in hold or rejection
- ☐ A/R over 90 days is unusually high
- ☐ Nobody knows the current denial rate
- ☐ Appeals or filing deadlines are approaching
- ☐ Payment posting is substantially behind
- ☐ Nobody can explain major outstanding balances
- ☐ Billing processes were never documented

48-Hour Billing Continuity Checklist

ACCESS

- [ ] EHR / practice-management access confirmed
- [ ] Clearinghouse access confirmed
- [ ] Major payer portal access confirmed
- [ ] Payment / ERA access confirmed
- [ ] Practice-owned billing files secured
- [ ] Departing employee access reviewed

CLAIMS

- [ ] Last claim submission date identified
- [ ] Unbilled encounters reviewed
- [ ] Held claims reviewed
- [ ] Clearinghouse rejections reviewed
- [ ] Documentation delays identified

A/R

- [ ] A/R aging report pulled
- [ ] A/R over 90 days reviewed
- [ ] High-dollar outstanding claims identified
- [ ] Appeals and filing deadlines identified
- [ ] Major payer problems documented

PAYMENTS

- [ ] Payment posting status confirmed
- [ ] Unapplied payments reviewed
- [ ] EFT / ERA workflow confirmed
- [ ] Patient balances reviewed

RESPONSIBILITY

- [ ] Temporary claim-submission owner assigned
- [ ] Rejection owner assigned
- [ ] Denial owner assigned
- [ ] Payment-posting owner assigned
- [ ] A/R follow-up owner assigned
- [ ] Reporting owner assigned

PRINT THIS PAGE

Use the checklist during the first two days. The goal is not perfection. The goal is making sure the practice can see the work, access the systems and assign ownership before anything important disappears into the cracks.

The Bigger Question

Was our billing operation healthy before the biller quit?

If the answer is yes, you may simply need a new person. If the answer is no, you have an opportunity to rebuild the process rather than merely replace the employee.

A BETTER REBUILD MAY INCLUDE

- Better reporting and leadership visibility
- Clear ownership for claims, denials, payments and A/R
- Documented processes and system access
- Backup coverage for PTO, illness and turnover
- Additional staffing, outsourcing or a hybrid model
- Routine performance reviews instead of crisis-driven reviews

MAKE THE NEXT RESIGNATION INCONVENIENT, NOT CATASTROPHIC

YOUR BILLER QUIT.
YOUR REVENUE CYCLE DOES NOT HAVE TO.

A staffing change can feel like an emergency because healthcare revenue cycles never stop moving. Patients are still being seen. Claims still need to go out. Payers are still processing. Denials are still aging. Payments are still arriving.

The goal is not to solve every staffing decision today. The goal is to protect the revenue stream while you make the right decision about what comes next.

NEED HELP KEEPING CLAIMS MOVING?

AMS Solutions can help evaluate the current billing workflow, outstanding A/R, claim status and transition needs so you can identify what needs attention now and what can wait. **Request a no-obligation billing and A/R review.**

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This guide is intended for general operational and educational purposes. Billing requirements, payer rules, contracts, access requirements and claim deadlines vary by practice and payer.

AMS SOLUTIONS

Ready to talk it through?

Every practice's numbers are different. Tell us what you are seeing in your billing and A/R, and our team will walk through where revenue is getting stuck and what it would take to fix it.

Free and no obligation. Complete a short form and a member of our team will follow up.

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